

AD-573648

IAP20 RECEIPT 28 MAR 2006

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A STRUCTURE WITH MULTIPLE FUNCTIONS, USED AS A COVERING
Attorney Docket Number::	2501-1013
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: AGOSTINO  
Middle Name::  
Family Name:: LAURIA  
Name Suffix::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MASSIMILIANO  
Middle Name::  
Family Name:: LAURIA  
Name Suffix::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing  
Address::  
City of Mailing Address::

State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALESSANDRO  
Middle Name::  
Family Name:: LAURIA  
Name Suffix::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2005/000463	8/1/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RM2005A000184	4/14/05	Yes

**Assignment Information**

Assignee Name:: L.A.S.P. SYSTEM ITALIA S.R.L.  
Street of Mailing ZONA INDUSTRIALE  
Address:: STRADA 19  
City of Mailing Address:: SASSARI  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 07100